

10677200

PTO/SB/05 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application of Docket Number:

10677200

CLAIMS AS FILED - PART I.

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	14 minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter '0' in column 2.

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	Fee	RATE	
	\$ _____		\$ _____
X \$ _____ =		OR X \$ _____ =	
X \$ _____ =		OR X \$ _____ =	
+ \$ _____ =		OR + \$ _____ =	
TOTAL		TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	43	Minus	" 20	=
Independent (37 CFR 1.16(b))	6	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ _____ =		
X \$ _____ =		OR X \$ _____ =
+ \$ _____ =		OR + \$ _____ =
TOTAL ADD'L FEE		TOTAL ADD'L FEE

12505 (Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	43	Minus	" 20	= 23
Independent (37 CFR 1.16(b))	6	Minus	*** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ _____ =		X \$ 50 =	1150.00
X \$ _____ =		X \$ 200 =	6000.00
+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	1750.00

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	" "	=
Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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12/07/2005 BMURPHY 00000001 131703 10677200

01 FC:1201 600.00 DA
02 FC:1202 1150.00 DA

PATENT APPLICATION
Docket No. 4666-019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kemmochi et al.

Serial No. 10/677,200 Examiner: Walter Aughenbaugh
Filed: October 1, 2003 Group Art Unit: 1772
For: SILICA GLASS CRUCIBLE

Confirmation No.: 9623

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Responsive to the Office Action dated November 7, 2005, enclosed is a Supplemental Response to Restriction Requirement in the above-identified application.

The fee has been calculated as shown below:

<u>CLAIMS AS AMENDED</u>					
For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	29	29-20*	0	x \$50 =	\$0
Independent Claims	3	3-3**	0	x \$200 =	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

*greater of twenty (20) or number for which fee has been paid

**greater of three (3) or number for which fee has been paid

Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

Customer No. 20575

Respectfully submitted,

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I hereby certify that this correspondence
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Ravel Berman